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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/755,017	
	Filing Dat	Jan 5, 2001	
	First Named Inventor	Walke, D. Wade	
	Group Art Unit	1647	
	Examiner Name	B. E. Bunner	
Total Number of Pages in This Submission	66	Attorney Docket Number	LEX-0115-USA

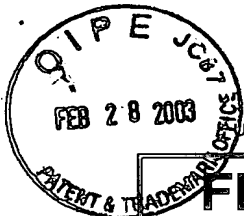
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
<input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lance K. Ishimoto Reg. No. 41,866 Lexicon Genetics Incorporated
Signature	
Date	February 21, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202 on February 21, 2003 this date:			
Typed or printed name	Nancy Stacey		
Signature		Date	February 21, 2003

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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2003</h2> <p><i>Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	09/755,017	
		Filing Date	01/05/01	
		First Named Inventor	Walke	
		Examiner Name	B. E. Bunner	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	1647	
TOTAL AMOUNT OF PAYMENT (\$)		168.00	Attorney Docket No.	LEX-0115-USA

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 50-0892		Fee Code	Fee (\$)
Deposit Account Name: Lexicon Genetics Incorporated		2051	65
The Commissioner is authorized to: (check all that apply)		2052	25
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		2053	130
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1812	2,520
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1804	920*
		1805	1,840*
		1251	110
		1252	410
		1253	930
		1254	1,450
		1255	1,970
		1401	320
		1402	320
		1403	280
		1451	1,510
		1452	110
		1453	1,280
		1501	1,280
		1502	460
		1503	620
		1460	130
		1807	50
		1806	180
		8021	40
		1809	740
		1810	740
		1801	740
		1802	900
		Other fee (specify) _____	
		SUBTOTAL (3) (\$)	

1. BASIC FILING FEE		2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Large Entity	Small Entity	Total Claims: 8 -20**= 0 X Fee from below = 42 = 168	
Fee Code	Fee (\$)	Independent Claims: 8 -4**= 4 X Fee from below = 42 = 168	
1001	750	Multiple Dependent: _____ = _____	
1002	330		
1003	520		
1004	750		
1005	160		
SUBTOTAL (1) (\$)			
		Large Entity Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
SUBTOTAL (2) (\$)		SUBTOTAL (2) (\$)	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attorney/Agent)	41,866
Signature		Telephone	(281) 863-3333
		Date	February 21, 2003

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